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Applicant: Holopainen et al.

Date: October 30, 2002

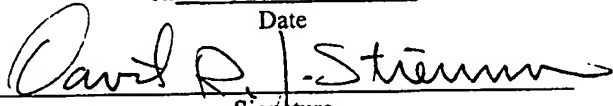
Date Filed: Sept. 3, 2002

Docket No.: FORSAL-36

App. No.: 10/070,024

PCT App. No.: PCT/FI00/00726

For: Shoe Roll

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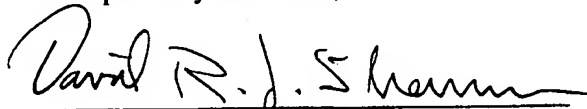
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Dear Sir:

The National Stage filing fee under 37 C.F.R. 1.492(a)(1)-(5) in the above application was paid in the amount of \$1040.00. This amount should have been reduced by \$150.00 as an International Search Report had been prepared by the EPO. It is requested that a refund in the amount of \$150.00 be credited to the undersigned's deposit account No. 15-0660. A duplicate copy of this letter is enclosed.

Respectfully submitted,

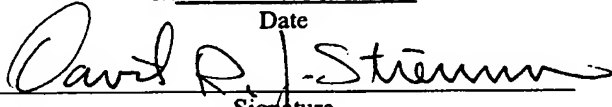


David R. J. Stiennon, Reg. No. 33212  
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Applicant: Holopainen et al. Date: October 30, 2002  
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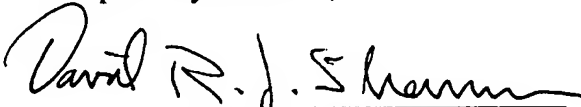
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
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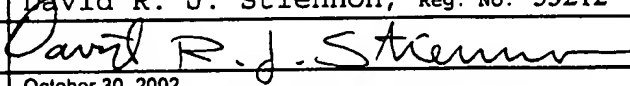
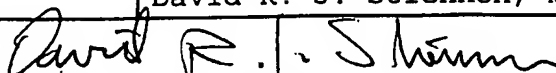
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<b>TRANSMITTAL FORM</b>  <i>(To be used for all correspondence after initial filing)</i>		Application Number		10/070,024			
		Filing Date		February 26, 2002			
		First Named Inventor		Kari Holopainen			
		Group Art Unit					
		Examiner Name					
Total Number of Pages in This Submission				Attorney Docket Number		FORSAL-36	

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(For an Application)</i>  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication To Group  <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(Please identify below):</i>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         • Request for Refund       </div>
Remarks		

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Firm or Individual name	David R. J. Stiennon, Reg. No. 33212
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